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4-9-12-02

Docket No.: PC-0028 US

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the attention of Examiner Davis, N. , Group Art Unit 1642, U.S. Patent and Trademark Office to Facsimile No. 703-872-9306 on the date shown below.

Signature  Date September 3, 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Lasek et al.

Title: INTESTINAL PROTEINS

Serial No.: 09/729,454 **Filing Date:** December 04, 2000

Examiner: Davis, N. Group Art Unit: 1642

**Commissioner for Patents
Washington, D.C. 20231**

RESPONSE TO OFFICE ACTION

Sir:

This paper is responsive to the Office Action dated June 4, 2002, Applicant(s) request reconsideration of the above-referenced patent application in view of the following amendments and remarks.

IN THE SPECIFICATION

Please replace the paragraph beginning at p.32, line 14 with the following written paragraph:

The BLAST software suite, freely available sequence comparison algorithms (NCBI, Bethesda MD), includes various sequence analysis programs including "blastn" that is used to align nucleic acid molecules and BLAST 2 that is used for direct pairwise comparison of either nucleic or amino acid molecules. BLAST programs are commonly used with gap and other parameters set to default settings, e.g.: Matrix: BLOSUM62; Reward for match: 1; Penalty for mismatch: -2; Open Gap: 5 and Extension

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GROUP 1600

Legal Department
3160 Porter Drive
Palo Alto, CA 94304
(650) 855-0555
fax (650) 845-4166 or (650) 849-8886

DATE: September 3, 2002
TO: Examiner Natalie A. Davis
COMPANY: USPTO
FAX NO.: 703-872-9306
TELEPHONE NO.: 703-308-6410
FROM: David G. Streeter
OUR REF. NO.: PC-0028 US
YOUR REF. NO.: 09/729,454
PAGES : 24

Response to Office Action dated June 4, 2002.

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TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Response to Office Action (16 pp.); and
3. Reference No. 1 (6 pp.).

The fee has been calculated as follows:

| Claim | Complaint | Administrative | Other | Priority Postage | = | Prepaid Extra Rate | Other Than Small Entity Fee | Additional Fees |
|--|-----------|----------------|-------|---------------------|---|-----------------------|-----------------------------------|-----------------|
| Total | 19 | . | 20 | = | 0 | x\$18.00 | \$ | 0 |
| Indep't. | 4 | . | 4 | = | 0 | x\$84.00 | \$ | 0 |
| First Presentation of Multiple Dependent Claims: | | | | | | | +280.00 | \$ |
| | | | | | | | Total Fee: | \$ 0 |

No additional Fee is required.

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108.

Respectfully submitted,

INCYTE GENOMICS, INC.

David G. Streeter, Ph.D.

Reg. No. 43,168

Direct Dial Telephone: (650) 845-5741

3160 Porter Drive
Palo Alto, California 94304
Phone: (650) 855-0555
Fax: (650) 845-4166

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